

**SYNAPSE HOUSE**  
**FORM 20.06 – CONSENT & ACKNOWLEDGEMENT**

*Synapse House and State and Federal Law requires this form be completed in its entirety.*

**CONSENTS**

**Consent to Treatment**

I, and/or my legal guardian hereby authorize Synapse House to perform such services as prescribed by the person's served treatment plan or as required from time to time in the exercise of good therapeutic judgment, subject to any rights provided to the person served by Federal or State law.

**YES**

**NO**

**Consent to Virtual Treatment**

I, and/or my legal guardian hereby agree to receive services virtually. I understand that virtual or telehealth services use a high quality, real-time audiovisual link using a HIPAA compliant platform. I understand that telehealth may involve electronic communication of my personal medical information to other healthcare practitioners who may be located, in other areas, including out of state. I further understand that all privacy and confidentiality practices of Synapse House apply to virtual services.

**YES**

**NO**

**Use of Image and Personal Story**

I, and/or my legal guardian hereby authorize Synapse House to use photographs, audio, video and my personal story. I understand that such materials may be used for publication, broadcast purposes, public relations, fundraising activities, and education.

**YES**

**NO**

**Technology**

Due to recent events, Synapse House has transitioned to all services and business functions to be accessed digitally. In order to best serve our members and families, we are increasing use and training of email, use of social media, use of Base Camp and Zoom, and responsible, safe use of the Internet.

Please document any restrictions for social media, email and other technology:

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**Release of Information and Records**

I, and/or my legal guardian hereby authorize Synapse House to release any information related to my treatment, care or related issues to individuals or organizations indicated below. I understand that as a condition of my participation through funding sources such as Dept of Rehabilitation Services (DRS), potential employers, Worker's Compensation Insurance or grants, that it is required to provide information to these entities as a condition of funding and to meet the criteria set by the program.

**I approve the release of information to:** \_\_\_\_\_

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**Confidentiality and HIPAA**

I, and/or my legal guardian have received and understand my rights as specified in the HIPAA guidelines. I also agree to respect and maintain the privacy and confidentiality of all persons served by the organization.

**YES****NO****Risk Management**

I, and/or my legal guardian understand that during participation of services of Synapse House, that a certain risk may be present for health and safety issues. It is my responsibility to alert the organization to any activity that may increase risk or be potentially harmful. Synapse House requests that all associates, persons served and their guardians work together to reduce or eliminate risk. I, and/or my legal guardian understand these potential risks and my responsibility to communicate concerns.

**YES****NO****Wellness and Fitness**

I, and/or my legal guardian, agree that I may participate in Wellness and Fitness programs through Synapse House and understand it is the responsibility of the member, family or guardian to inform Synapse House of any restrictions to wellness and fitness activities.

**YES****NO**

**Wellness and Fitness Restrictions (if any):**

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**Criminal History**

I, and/or my legal guardian understand that disclosure of criminal history is highly recommended prior to or during the admission process in order for the organization to provide the best plan of care. Note that all persons will be subject to a background check for sexual offenses.

**YES****NO****Rights and Responsibilities**

I, and/or my legal guardian understand that as a condition of my care, the organization is responsible to uphold certain rights and fulfill said responsibilities. I, and/or my legal guardian also understand that I(we) are responsible to uphold certain responsibilities and to be respectful of the rights of the organization. The purpose of this agreement is to provide the best care and to maintain a strong mutually beneficial relationship. I, and/or we, agree to rights & responsibilities.

**YES****NO**

### **Member Directory Consent**

As a result of the social isolation of the pandemic, many of our members have requested that we have a Member Directory so that they may contact each other. We would like to start this and will only share the information if permission is given. The information will not be shared to any outside party. This is strictly for our members and families to be able to access each other. Access will be given to only those members and families that agree to participate.

I, and/or my legal guardian hereby authorize Synapse House to add my phone number and email address to the Member Directory. I understand that upon given access to this document that I will keep the information confidential. I may, at any time, request removal of my information.

**YES**

**NO**

### **Synapse House Policies**

I, and/or my legal guardian hereby agree as a participant of Synapse House programs or services to follow the policies of the organization. This includes acknowledgement of the following and applies to the facilities as well as any organization sponsored events:

- The facilities are not locked nor is any type of restraint utilized
- No illegal drugs or misuse of legal drugs will be tolerated
- No alcohol is permitted with the exception of fundraising events
- No weapons are tolerated
- Major violations of proper behavior may result in suspension, termination and/or contacting emergency personnel for assistance
- Buildings do not allow persons served to arrive prior to opening time or after closing hours due to safety concerns.
- All smoking policies for both the city or state laws and facility smoking schedule and rules. Violation of smoking laws may result in fines by the violator.
- Follow the requirements for safe travel in the vehicles of Synapse House.

I, and/or my legal guardian agree to follow these policies and all policies of the organization.

**YES**

**NO**

### **Synapse House COVID-19 Policies**

I, and/or my legal guardian hereby agree as a participant of Synapse House programs or services to follow the policies that relate to COVID-19 in accordance with the guidelines as set by the State of Illinois and the Dept. of Public Health. This includes:

- Wearing of a mask as mandated
- Regular handwashing & hand sanitizing
- Maintaining social distance
- Participation in daily onsite COVID screening and reporting of any symptoms or exposure
- Implementing 14-day self-quarantine if diagnosed or exhibiting symptoms of COVID-19, potentially exposed or following travel to COVID hot spots
- Reporting any potential exposures or positive test results to the organization within 24 hours.

I, and/or my legal guardian agree to follow these policies and all policies of the organization.

**YES**

**NO**

**Consent Form**

I, and/or my legal guardian understand that this consent form is valid until December 31, 2021 from the signed date and can be modified at any time by the completion of a new consent form. I, or we, understand that participation is contingent on full completion of the form and that services or programs may be suspended if the consent form is incomplete or expired.

**YES****NO**

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Signature of Person Served OR Legal Guardian

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Date

The undersigned legal representative hereby represents that he / she has the legal authority to make health care decisions on behalf of the person served and that a copy of this document has been provided to the organization and that such representation hereby consents on behalf of the person to the consents and acknowledgements listed above.

FOR OFFICE USE ONLY

BI First Checked & Updated: Member Directory:	Updated by:
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